CIS Outcomes Workgroup 4/29/2010 Meeting Notes

Possible CIS outcomes

Discussion notes

- Outcomes must reflect population served and resources available
- First year of new funding and delivery system should be used to collect baseline data
- Consider looking at specific outcomes for each domain pros and cons to this
- State outcome #2 is a BBF outcome should be included
- State outcome 5 is this CIS responsibility?
- State outcomes 19 and 20 are proxy indicators differing opinions on whether CIS can affect these due to availability
- State outcome 8 not realistic too dependent on innate ability of the child
- State outcome 10 STARS issue, not under CIS influence
- State outcome 24 how can we measure this? Referrals for at-risk from FSD?
- Discussed phone screening tool for CIS coordinators
- Make sure outcomes reflect the population we're serving
- · Assessment of parent needs has to come first
- Look at number of services delivered in natural environment
- Reason for referral data can inform professional development, identify gaps and trends in a community

Overarching goal

• X% of CIS clients achieve 1 or more plan outcomes by transition

Prenatal:

Access to care

- % of women receiving CIS services who have early and ongoing prenatal and postpartum care
- % of prenatal women engaged by a CIS team to assure access to prenatal care to identify psycho-social health concerns and make appropriate referrals and follow-up
- % of pregnant women in CIS who have early (1st trimester) and on-going prenatal and post partum

Screening

% of post partum women screened for depression and referred for management

Family

Satisfaction with family situation

- % reporting satisfaction with family routines (mealtimes, bedtime, outings, etc.)
- % reporting satisfaction with quality of family life, based on exit interviews (more general than second outcome)
- % of parents reporting satisfaction with child's environments

Satisfaction with CIS services

- % of families who complete the survey and report satisfaction with CIS services
- % of families who perceive care is coordinated (family satisfaction survey).

Parent skills

- % with ability, skills, knowledge to interact effectively with schools, providers, etc. (meaningful participation)
- % of parents who identify a decrease in parenting stress (use Parenting Stress Index to measure pre and post intervention)
- Decrease the # of children/family risk factors

Child:

Success in child care/school settings

- % able to participate with supports in child settings (child care, school)
- # and % of children meeting the standard in five domains of the Kindergarten readiness
- % of children ready for school (kindergarten readiness survey) ready is subjective – is CIS responsible for this? This is a BBF statewide outcome – acknowledge mush CIS does impacts this – what is the right thing to measure?
- % of children entering school who have continued supports in place if they are needed
- % of children in child care with social/emotional/behavioral issues after MH consultation.
- % of children in CIS who are placed in quality child care settings
- # and % of children placed in quality or specialized child care programs
- Improve quality of child care after consultation (more STARS)
- Decrease % of child care expulsions for children in CIS

- # of children in child care with social/emotional/behavioral issues after MH consultation.
- % of children retained in child care after referral

Child outcomes

- % with positive social relationships
- % acquiring and using knowledge and skills
- % taking appropriate action to meet needs
- % of children who show improvement from intake to exit.
- # of children served by consultation who later have open cases
- % of children who reach their growth and development goals.

Early Intervention outcomes

- Percent of infants and toddlers with IFSPs who demonstrate improved:
- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs

Access to care

- Increase % children in CIS with a medical and dental home
- # and % of children meeting the periodicity schedule of recommended visits
- # and % of children free from abuse and neglect

System:

Timeliness

- Decrease number of families placed on wait lists and amount of time on wait lists
- Families referred to CIS are contacted within 3 to 5 business days
- % of children who have a completed plan in place within 45 days
- % of children/families receiving services early
- % of children who receive assessment and plan development within 45 days

Quality of services

- Measure improvement in quality of ratings of environmental measures
- How to address training and professional development to assure quality services (self-rating of skills)
- % of families who report satisfaction with the coordination of services
- % of families who report that CIS services supported the goals identified by the family
- % of children/pregnant/postpartum women indentified through screening are referred to appropriate service
- % of children/pregnant/postpartum women accessing CIS will have abroad, multidimensional screening that includes family functioning
- Increase # of children with a transition/exit plan.

System effectiveness

- How are we measuring that the CIS model is effective?
- Is CIS being implemented as designed?
- % of service providers who report satisfaction regarding the coordination and integration of service for families